



Secretary of State  
*Kim Wyman*

## LIBRARY CARD APPLICATION

# Washington State Library

The People's Library Since 1853

Name:

Please Print

(Last Name, First Name, Middle Name)

WA Driver's License Number:

Birth Date:

State Agency:

Division:

(Please Spell Out Agency Name)

Work Mailing Address:

Mailstop/PO Box/Street/Apt. No.

City

Zip+4

Home Address:

Street/PO Box

City

Zip+4

Work or Message Telephone:

(Area) 999-999

Home Telephone:

(Area) 999-9999

E-mail Address:

Please choose: ☐ Library Card ☐ E-card (number only; we will not send you an actual card)

I understand and agree that if I borrow library materials or equipment from the State Library, and if the items are not returned, or if they are returned with damage, I will pay replacement costs and/or associated fees. I also understand and agree that I am fully responsible for all library materials or equipment checked-out on my library card, with or without my consent.

Signature:

Date:

**Please Note:** The State Library issues cards to citizens of Washington State. You must be 18 years old to apply for and to receive a library card account. Your signature must be on file at the State Library before a permanent card will be issued. You may establish service in person at the library or by faxing this completed application and copies of acceptable forms of identification. Please see our website for a list of acceptable forms of identification. Your card will be mailed to you.

Questions? Call (360) 704-5200 8:00 a.m. – 5:00 p.m. Monday – Friday

Mail: Office of the Secretary of State, Washington State Library, Circulation, PO Box 42460, Olympia, WA 98504-2460

Fax: (360) 704-7825 Email: [borrow@sos.wa.gov](mailto:borrow@sos.wa.gov)

### State Library Use Only

Barcode #:

Patron #:

Staff Initials:

Date: